



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice Date: March 23, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005231

[REDACTED]

Dear [REDACTED],

The Appeals Unit is in receipt of your March 9, 2016 letter, in which you requested another hearing on your appeal. In it, you stated that on February 5, 2016 you had waited all day, but that no one had ever called for your hearing.

As you know, on November 25, 2015, the Marketplace issued an enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan was effective January 1, 2016. You appealed this determination.

On January 11, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for February 5, 2016, at 11:00 a.m.

On February 5, 2016, a Hearing Officer placed three calls to the telephone number that you provided to the Marketplace, at approximately 11:00 a.m., 11:15 a.m., and 11:30 a.m., but for each call, the phone number you requested the Appeals Unit use, [REDACTED], responded with a message to call back later. No option was provided to leave a voice message.

This is why we dismissed your appeal.

When we received your letter, asking for another opportunity to pursue your appeal, the Marketplace again tried to place several calls to you. No one answered and there was again no option to leave a phone message.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-622-4886).

If you contact the Marketplace by any of the following methods and give us a working phone number, we will reschedule your hearing. Please make sure you have this letter on hand, so the Marketplace can more quickly find your account.

If you do not respond to this notice within 30 days, your appeal will remain dismissed, and the Marketplace will take no further action on your appeal.

If your request to vacate the dismissal of your appeal is granted and the Hearing Officer is unable to reach you or leave a message on the phone number you provide, no further hearings will be scheduled with regard to this appeal.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to both the Appeal Identification Number and the NY State of Health Number at the top of this notice.

How to Contact the Marketplace

You can contact the Marketplace in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-622-4886).